

<b>POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM</b>	Application Number	10/598,048-Conf. #9518	
	Filing Date	February 17, 2005	
	First Named Inventor	Robert R. Rando	
	Title	MANAGEMENT OF OPHTHALMOLOGIC DISORDERS, INCLUDING MACULAR, etc.	
	Art Unit	N/A	
	Examiner Name	Not Yet Assigned	
	Attorney Docket No.	HNV-09102	

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number: 58475

OR

☐ Practitioner(s) named below:

Name	Registration Number	Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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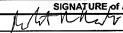
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	9/30/05
Name	Robert R. Rando	Telephone	617-432-1294
Title and Company	Inventor		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below".

☐ \*Total of 1 forms are submitted.